

COMMUNITY TRANSPORTATION

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid.

A community transportation provider must be a governmental entity or registered as a nonprofit organization with the South Dakota Secretary of State. The entity or organization must be domiciled in the State of South Dakota or enrolled as a Medicaid transportation provider in the entity's or organization's state of domicile. Vehicles used to provide the covered services must be owned or registered to the community transportation provider and license plates issued in South Dakota will be either commercial or exempt plates.

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's [online portal](#).

The following recipients are eligible for medically necessary services covered in accordance with the limitation described in this chapter and in the table below:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Medicaid – Pregnancy Related Postpartum Care Only (47)	Coverage restricted to family planning and postpartum care only. Transportation must be to or from postpartum care medical appointments.
Medicaid – Pregnancy Related Coverage Only (77)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby. Transportation must be to or from pregnancy related medical appointments.
Unborn Children Prenatal Care Program (79)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby. Transportation must be to or from pregnancy related medical appointments.

Refer to the [Recipient Eligibility](#) manual for additional information regarding eligibility.

COVERED SERVICES AND LIMITS

Transportation must be from an eligible recipient's residence, bus stop nearest to the recipient's residence, place of work, or school to a medical provider, between medical providers, or from a medical provider to the recipient's residence, bus stop nearest to the recipient's residence, or place of work. A

recipient's residence does not include a hospital, penal institution, detention center, medical facility campus setting, nursing facility, an intermediate care facility for individuals with intellectual disabilities or an institute for the treatment of an individual with a mental disease.

Transportation must be to or from medically necessary examinations or treatment. These services must be covered by South Dakota Medicaid and provided by a provider who is enrolled or eligible for enrollment with South Dakota Medicaid. In addition, the transportation must be to the closest facility or medical provider capable of providing the necessary services, unless the recipient has a written authorization from a medical provider in the recipient's medical community to seek treatment at a different facility or provider.

Long-Term Care Facilities

A nursing facility may not submit a claim for community transportation. Such services are considered routine under the provisions of [ARSD 67:16:04:41](#) and are included in the facility's cost reports required in [ARSD 67:16:04:34](#).

Multiple Trips per Day

If a recipient is seeing several medical providers in one day, South Dakota Medicaid will pay up to 4 one-way community transportation and secure medical transportation trips within one date of service.

1. If a recipient is picked up at his/her residence and sees three providers in different locations, requiring transportation, and is then taken back home the claim needs to be billed as follows:
 - First line with A0130/A0120 and 2 units.
 - Second line with A0130/A0120 59 modifier and 2 units.
2. If a recipient is picked up at his/her residence and sees one provider and is returned home and then sees another provider again later in the day (getting picked up at home and dropped off at home again) the claim needs to be billed as follows:
 - First line with A0130/A0120 and 2 units.
 - Second line with A0130/A0120 59 modifier and 2 units.
3. If a recipient is picked up at his/her residence and sees two providers in different locations, requiring transportation, and then taken back home the claim needs to be billed as follows:
 - First line A0130/A0120 and 2 units.
 - Second line A0130/A0120 59 modifier and 1 unit.

It is inappropriate to bill the third round trip on a different day than the date of service to receive reimbursement. If a recipient schedules more than two round trips in one day, the third trip is the patient's responsibility.

NON-COVERED SERVICES

Services not specifically listed in the covered services section are considered non-covered. Transportation to pick-up prescription drugs or eyeglasses is not covered.

DOCUMENTATION REQUIREMENTS

Record Retention

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Records must not be destroyed when an audit or

investigation is pending. Providers must grant access to these records to agencies involved in a Medicaid review or investigation.

Community Transportation Documentation Requirements

The department requires community transportation providers keep documentation on file that supports that the recipient was transported to a medical appointment. As a best practice South Dakota Medicaid recommends providers use the department's [Transportation Documentation Form](#), which satisfies this requirement.

REIMBURSEMENT AND CLAIM INSTRUCTIONS

Timely Filing

South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid if one or more of the following situations exist:

- The claim is an adjustment or void of a previously paid claim and is received within 3 months after the previously paid claim;
- The claim is received within 6 months after a retroactive initial eligibility determination was made as a result of an appeal;
- The claim is received within 3 months after a previously denied claim;
- The claim is received within 6 months after the provider receives payment from Medicare or private health insurance or receives a notice of denial from Medicare or private health insurance; or
- To correct an error made by the department.

Reimbursement

A claim for community transportation services must be submitted at the provider's usual and customary charge. The applicable procedure codes, rates, and modifier codes for community transportation services can be found on the department's [transportation fee schedule](#). To be eligible for loaded mileage, the trip must be outside of city limits and 21 miles or more one way. Payment for community transportation services outside city limits includes the applicable trip fee as indicated on the department's fee schedule. Attendant passengers are not billable. Only one mileage allowance is payable for each trip regardless of the number of passengers.

Claim Instructions

- A claim submitted for community transportation services must be at the provider's usual and customary charge.
- A claim must include the point of origin and destination of the recipient being transported.
- When applicable, the following modifier codes must be included on a provider's claim:
 - TK - Additional South Dakota Medicaid Recipient
 - TN - Trip outside of city limits
 - Applicable descriptive modifiers are required to be included on the claim.
- Modifier payment effects are described on the department's [website](#).

DEFINITIONS

1. "Community transportation service," the nonemergency transporting of a recipient to and from medical services by a community transportation provider meeting the requirements of [§ 67:16:25:06.01](#);
2. "Loaded mileage," mileage driven while a patient is being transported; and
3. "Trip," the transporting of a person from the person's home to a medical provider, between medical providers, or from a medical provider to the person's home.

REFERENCES

- [Administrative Rule of South Dakota \(ARSD\)](#)
- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)

FREQUENTLY ASKED QUESTIONS

1. Can the same vehicle be used for secure and community transportation services?

A vehicle that provides securement devices as well as non-secured seating (ex: bus with wheelchair ramp) can be used to provide both types of transportation as long as the provider meets all eligibility conditions, including being non-profit or a government entity.

2. Can a nursing facility bill for community transportation?

No, the cost of transportation is already included in the facility's reimbursement.

3. Does South Dakota Medicaid provide a list of enrolled community transportation providers to recipients?

A list of enrolled provider is available on our website at <https://dss.sd.gov/medicaid/recipients/communitytransportation.aspx>. Providers can contact sdmedxgeneral@state.sd.us to update information on the list.

4. Can a provider limit which Medicaid recipients they serve?

Providers may set reasonable limits such as hours of service or areas of operation; however, providers must serve all Medicaid recipients within the parameters of these limits. Transportation providers may not limit services to specific Medicaid recipients. For example, an assisted living provider cannot limit transportation to their own residents.